PORTAGE COUNTY HEALTH CARE CENTER

825 WHITING AVENUE

STEVENS POINT 54	481 Ph	ione:(715) 346-1375		Ownership:	County
Operated from 1/1	To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjuncti	on with Hos	pital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set U	p and Staff	fed (12/31/03):	129	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed C	apacity (12	2/31/03):	134	Title 19 (Medicaid) Certified?	Yes
Number of Residents	on 12/31/03	<b>:</b>	110	Average Daily Census:	110

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups	ફ ફ	   Less Than 1 Year   1 - 4 Years	19.1 33.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8		24.5
Day Services	No	Mental Illness (Org./Psy)	29.1	65 - 74	9.1	•	
Respite Care	No	Mental Illness (Other)	2.7	75 - 84	31.8		77.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.3	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	3.6			Nursing Staff per 100 Res:	idents
Home Delivered Meals	Yes	Fractures	6.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	20.9	65 & Over	98.2		
Transportation	No	Cerebrovascular	18.2			RNs	9.3
Referral Service	No	Diabetes	2.7	Gender	용	LPNs	7.0
Other Services	No	Respiratory	6.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	10.0	Male	25.5	Aides, & Orderlies	52.7
Mentally Ill	No			Female	74.5		
Provide Day Programming for			100.0	I			
Developmentally Disabled	No			İ	100.0		
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## Method of Reimbursement

		edicare itle 18				Other Pay			Family Care			Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resident	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	307	55	100.0	114	0	0.0	0	18	100.0	155	18	100.0	114	1	100.0	358	110	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		5.5	100.0		0	0.0		18	100.0		18	100.0		1	100.0		110	100.0

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PORTAGE COUNTY HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 1	2/31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		   Activities of	용		2	% Totally	
Private Home/No Home Health	3.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.0	Bathing	3.6		48.2	48.2	110
Other Nursing Homes	1.8	Dressing	8.2		54.5	37.3	110
Acute Care Hospitals	88.2	Transferring	24.5		41.8	33.6	110
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.8		37.3	40.9	110
Rehabilitation Hospitals	0.0	Eating	57.3		28.2	14.5	110
Other Locations	1.4	******	*****	*****	*****	******	*****
Total Number of Admissions	220	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.6	Receiving Resp	iratory Care	21.8
Private Home/No Home Health	24.1	Occ/Freg. Incontiner	nt of Bladder	53.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	25.9	Occ/Freq. Incontiner	nt of Bowel	37.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.9				Receiving Osto	my Care	3.6
Acute Care Hospitals	10.5	Mobility			Receiving Tube	Feeding	5.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.8	Receiving Mech	anically Altered Die	ts 53.6
Rehabilitation Hospitals	0.5	. <u> </u>				-	
<u> </u>	15.0	Skin Care			Other Resident C	haracteristics	
Deaths	23.2	With Pressure Sores		3.6	Have Advance D	irectives	84.5
Total Number of Discharges		With Rashes		5.5	Medications		
(Including Deaths)	220				Receiving Psyc	hoactive Drugs	62.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	િ	Ratio	%	Ratio	용	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.8	88.1	0.93	87.2	0.94	88.1	0.93	87.4	0.94
Current Residents from In-County	87.3	55.3	1.58	78.9	1.11	69.7	1.25	76.7	1.14
Admissions from In-County, Still Residing	20.5	26.8	0.76	23.1	0.88	21.4	0.95	19.6	1.04
Admissions/Average Daily Census	200.0	57.4	3.48	115.9	1.73	109.6	1.83	141.3	1.42
Discharges/Average Daily Census	200.0	59.7	3.35	117.7	1.70	111.3	1.80	142.5	1.40
Discharges To Private Residence/Average Daily Census	100.0	17.8	5.63	46.3	2.16	42.9	2.33	61.6	1.62
Residents Receiving Skilled Care	100	85.9	1.16	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	98.2	88.5	1.11	93.3	1.05	93.1	1.06	87.8	1.12
Title 19 (Medicaid) Funded Residents	50.0	76.4	0.65	68.3	0.73	68.8	0.73	65.9	0.76
Private Pay Funded Residents	16.4	18.1	0.91	19.3	0.85	20.5	0.80	21.0	0.78
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	31.8	47.1	0.68	39.6	0.80	38.2	0.83	33.6	0.95
General Medical Service Residents	10.0	21.1	0.47	21.6	0.46	21.9	0.46	20.6	0.49
Impaired ADL (Mean)	56.2	44.7	1.26	50.4	1.11	48.0	1.17	49.4	1.14
Psychological Problems	62.7	62.8	1.00	55.3	1.13	54.9	1.14	57.4	1.09
Nursing Care Required (Mean)	11.7	7.8	1.50	7.4	1.58	7.3	1.61	7.3	1.60